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|  United States Environmental Protection Agency Washington, DC 20460 | | <input type="checkbox"/> Registration <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Other | OPP Identifier Number |
| Application for Pesticide - Section I | | | |
| 1. Company/Product Number 100-1623 | | 2. EPA Product Manager Emily Schmid | |
| 4. Company/Product (Name) A21472 Plus VaporGrip Technology (ABN Tavium Plus Vapor Grip Technology) | | 3. Proposed Classification <input type="checkbox"/> None <input checked="" type="checkbox"/> Restricted | |
| 5. Name and Address of Applicant (Include ZIP Code) Syngenta Crop Protection, LLC P. O. Box 18300 Greensboro, NC 27419 <input type="checkbox"/> Check if this is a new address | | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____ | |
| Section – II | | | |
| <input checked="" type="checkbox"/> Amendment - Explain below. <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ <input type="checkbox"/> Resubmission in response to Agency letter dated _____ <input type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Notification - Explain below. <input type="checkbox"/> Other - Explain below. | | | |
| Explanation: Syngenta Crop Protection LLC, is submitting a Non-PRIA Fast Track Label amendment to A21472 Plus VaporGrip® Technology (EPA Reg. No. 100-1623). This label amendment updates the training requirement to every year instead of every other year and also adds the following additional clarifying statement: "If training is available and required by the state where the applicator intends to apply this product, the applicator must complete that training before applying this product." | | | |
| Section – III | | | |
| 1. Material This Product Will Be Packaged In: | | | |
| Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No <i>*Certification must be submitted</i> | Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. Container | Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" No. per Unit Packaging wgt. container | 2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify) _____ |
| 3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container | | 4. Size(s) Retail Container | 5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product |
| 6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input checked="" type="checkbox"/> Other <u>Pressure Sensitive</u> <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled | | | |
| Section – IV | | | |
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.) | | | |
| Name Montague Dixon | | Title Regulatory Portfolio Lead, Herbicides | Telephone No. (Include Area Code) (336) 632-7055 |
| Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. | | | 6. Date Application Received (Stamped) |
| 2. Signature  | | 3. Title Regulatory Portfolio Lead, Herbicides monty.dixon@syngenta.com | |
| 4. Typed Name Montague Dixon | | 5. Date 11/5/2020 | |